

Holt Community Primary School

Norwich Road, Holt, Norfolk, NR25 6SG



PARENTAL/HEADTEACHER AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE SEPTEMBER 2024 to JULY 2025.

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by (ongoing conditions)	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type and strength of medicine (as described on the container)	
Expiry date	
Dosage and method	
Time to be given	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Form: MED1

Staff administering medication please turn over for Record Sheet

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FOR STAFF COMPLETION

PARENTAL/HEADTEACHER AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE SEPTEMBER 2024 to JULY 2025.

Record of medicine administered to an individual child - Please see overleaf for details of medicine to be administered.

Date			
Time given			
Dose given			
Any Reaction			
Name of Member of staff			
Staff initials			

Date			
Time given			
Dose given			
Any Reaction			
Name of Member of staff			
Staff initials			

Date			
Time given			
Dose given			
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